



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501
HELENA MT 59620-2501
www.opi.mt.gov
(406) 444-3095
(888) 231-9393
(406) 444-0169 (TTY)

Linda McCulloch
Superintendent

April 24, 2007

To: Responsible School Officials
Special Education and Cooperative Directors
Parents

From: Steve Gettel, Superintendent
Montana School for the Deaf and the Blind

Marilyn Pearson, Interim Director of Special Education
Office of Public Instruction

Re: Summer Skills Programs

The Montana Office of Public Instruction (OPI), Montana School for the Deaf and the Blind (MSDB), and the Montana School for the Deaf and the Blind Foundation will co-sponsor summer programs at MSDB. The programs will target communication, social interaction, independent living skills and use of technology for students between the ages of 9-14 (7 and 8 year olds will be considered on a case-by-case basis for the deaf camp only) who have hearing impairments or deafness, and the ages of 9-16 who have blindness or visual impairments. The week-long programs are provided at no cost to the student for room, board and transportation. Transportation to and from the program will be reimbursed at state rates.

In order to facilitate appropriate planning, please share this letter and the attached questionnaire with parent(s) of students who are identified as having an impairment of blindness, deafness, visual or hearing.

CRITERIA FOR PRIORITIZED SELECTION

1. Student identified as having blindness, deafness, visual or hearing impairments
2. Student enrolled full time in a Montana public school
3. Student has a current IEP which identifies skill development in one of the areas identified above

If you have questions regarding the summer programs described, please call MSDB at 771-6000 and ask for information concerning the summer skills programs.

"It is the mission of the Office of Public Instruction to improve teaching and learning through communication, collaboration, advocacy, and accountability to those we serve."

Responsible School Officials

April 24, 2007

Page 2

PROGRAM DESCRIPTIONS

Deaf and Hearing Impaired Skills Program

Communication

- Speech and language skills

- Sign language skills

Social Development

- Interpersonal skills

- Self-esteem building activities

- Etiquette

Technology

- Use of telephone device for the deaf (TDD)

- Use of assistive devices for the deaf (flashing alarm clocks, doorbells, close captioning, etc.)

- Use of computers

Blind and Visually Impaired Skills Program

Food Preparation

- Kitchen orientation

- Menu planning

- Cooking

House Cleaning

- Laundry

- Bathrooms

- Kitchens

- Floors

- Vacuuming, mopping

Money Management and Banking

Orientation and Mobility

- Use of low-vision aids

Technology

- Use of computers

In addition to the above, structured fitness/exercise and leisure/recreational activities will be provided. This includes such activities as roller skating, dancing, swimming, horseback riding, mini-golf, bowling, Great Falls White Sox baseball games, etc. The Montana School for the Deaf and the Blind has a complete recreation complex and the community of Great Falls provides a variety of tour sites such as the Charles M. Russell Museum, the Air Museum at Malmstrom Air Force Base, Lewis and Clark Interpretive Center, Giant Springs Hatchery, and the Paris Gibson Art Museum.

The summer skills programs will provide an effective and enjoyable opportunity for deaf, hearing impaired, blind or visually impaired students to improve competence in independent living skills and to expand socialization opportunities with other students with similar impairments.

Attachment

**INTEREST SURVEY FOR SUMMER SKILLS PROGRAMS AT
THE MONTANA SCHOOL
FOR THE DEAF AND THE BLIND**

If you are interested in having your child attend a week-long summer skills program at the Montana School for the Deaf and the Blind (MSDB), please complete this survey.

PART I IDENTIFYING INFORMATION

Parent's(s) Name(s): _____ Phone: _____

Address: _____

Child's Name: _____ Birthdate: _____ Grade: _____

School District Attended: _____ Receiving Special Ed: ____ Yes ____ No ____

Name of Special Education Teacher: _____

PART II BACKGROUND INFORMATION

1. My child has been identified as having the following impairment:
☐ Blindness
☐ Deafness
☐ Hearing Impaired
☐ Visually Impaired

2. I would be interested in having my hearing impaired/deaf child attend a week-long skills program on the following dates:
☐ June 17 through June 23, 2007

3. I would be interested in having my visually impaired/blind child attend a week-long skills program on the following dates:
☐ July 8 through July 14, 2007

PLEASE RETURN THIS COMPLETED FORM BY MAY 25, 2007, TO:

Summer Programs 2007
Montana School for the Deaf and the Blind
3911 Central Avenue
Great Falls, Montana 59405



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501